

Docket No. \_\_\_\_\_  
ICC Office Use Only

ALLIANCE GLOBAL NETWORKS LLC :  
Application for a certificate of interexchange authority :  
to operate as a reseller of telecommunications services : Docket No.  
within the State of Illinois. :  
:

08-0587

100 OCT 24 A 9 25

MM

APPLICATION FOR CERTIFICATE TO BECOME A  
TELECOMMUNICATIONS CARRIER  
(Use additional sheets as necessary.)

GENERAL

1. Applicant's Name (d/b/a, if any) ALLIANCE GLOBAL NETWORKS LLC FEIN 26-2643224

Address: Street 1221 Post Rd. E.

City Westport State/Zip CT 06880

2. Authority Requested: (Mark all that apply) ☐ 13-403 Facilities Based Interexchange  
☒ 13-404 Resale of Local and/or Interexchange  
☐ 13-405 Facilities Based Local

3. Request for waivers/variances: In applications for local exchange service authority under Sections 13-404 or 13-405, waivers of Part 710 and of Section 735.180 of Part 735 are generally requested. In applications for interexchange service authority under Sections 13-403 and 13-404, waivers of Part 710 and Part 735 are generally requested. Please indicate which waivers Applicant is requesting and explaining why Applicant is requesting each waiver/variance.

- ☒ Part 710 Uniform System of Accounts for Telecommunications Carriers  
☒ Part 735 Procedures Governing the Establishment of Credit, Billing, Deposits, Termination of Service and Issuance of Telephone Directories for Local Exchange Telecommunications Carriers in the State of Illinois  
☒ Section 735.180 Directories  
☐ Other \_\_\_\_\_

4. For all applicants requesting local exchange authority under Section 13-404 or Section 13-405, please complete the following:
- (a) the Standard Questions for Applicants Seeking Local Exchange Service Authority found in Appendix A of this document
- (b) the 9-1-1 Questions for Applicants Seeking Local Exchange Service Authority found in Appendix B of this document;

Docket No. \_\_\_\_\_

ICC Office Use Only

ALLIANCE GLOBAL NETWORKS LLC :  
Application for a certificate of interexchange authority :  
to operate as a reseller of telecommunications services : Docket No.  
within the State of Illinois. :  
:

**APPLICATION FOR CERTIFICATE TO BECOME A  
TELECOMMUNICATIONS CARRIER**  
(Use additional sheets as necessary.)

**GENERAL**

1. Applicant's Name (d/b/a, if any) ALLIANCE GLOBAL NETWORKS LLC FEIN 26-2643224

Address: Street 1221 Post Rd. E.

City Westport State/Zip CT 06880

2. Authority Requested: (Mark all that apply) ☐ 13-403 Facilities Based Interexchange  
☒ 13-404 Resale of Local and/or Interexchange  
☐ 13-405 Facilities Based Local
3. Request for waivers/variances: In applications for local exchange service authority under Sections 13-404 or 13-405, waivers of Part 710 and of Section 735.180 of Part 735 are generally requested. In applications for interexchange service authority under Sections 13-403 and 13-404, waivers of Part 710 and Part 735 are generally requested. Please indicate which waivers Applicant is requesting and explaining why Applicant is requesting each waiver/variance.
- ☒ Part 710 Uniform System of Accounts for Telecommunications Carriers
- ☒ Part 735 Procedures Governing the Establishment of Credit, Billing, Deposits, Termination of Service and Issuance of Telephone Directories for Local Exchange Telecommunications Carriers in the State of Illinois
- ☒ Section 735.180 Directories
- ☐ Other \_\_\_\_\_
4. For all applicants requesting local exchange authority under Section 13-404 or Section 13-405, please complete the following:
- (a) the Standard Questions for Applicants Seeking Local Exchange Service Authority found in Appendix A of this document
- (b) the 9-1-1 Questions for Applicants Seeking Local Exchange Service Authority found in Appendix B of this document;

- (c) the Financial Questions for Applicants Seeking Local Exchange Service Authority found in Appendix C of this document; and
- (d) if applicable, the Prepaid Service Questions for Applicants Seeking Local Exchange Service Authority found in Appendix D of this document.

5. In what area of the state does the Applicant propose to provide service?

**Applicant intends to provide service throughout the State of Illinois.**

6. Please attach a sheet designating contact persons to work with Staff on the following:

- (a) issues related to processing this application
- (b) consumer issues
- (c) customer complaint resolution
- (d) technical and service quality issues
- (e) "tariff" and pricing issues
- (f) 9-1-1 issues
- (g) security/law enforcement

Please identify each contact person's (i) name, (ii) title, (iii) mailing address, (iv) telephone number, (v) facsimile number, and (vi) e-mail address.

**Attached as Exhibit A.**

7. Please check type of organization?

- ☐ Individual
- ☐ Partnership

☒ Corporation

Date corporation was formed 5/1/08

In what state? Delaware

☐ Other (Specify) \_\_\_\_\_

8. Submit a copy of articles of incorporation/organization and a copy of certificate of authority to transact business in Illinois.

**Applicant's Articles of Organization and Certificate of Authority to Transact Business are attached as Exhibit B.**

9. List jurisdictions in which Applicant is offering service(s).

**Applicant is seeking authority to provide the resale of telecommunications throughout the United States and has not yet begun to operate in any state.**

10. Has the Applicant, or any principal in Applicant, been denied a Certificate of Service or had its certification revoked or suspended in any jurisdiction in this or another name?

☐ YES (Please provide details)

☒ NO

11. Have there been any complaints or judgements levied against the Applicant in any other jurisdiction?

☐ YES ☒ NO

If YES, describe fully. \_\_\_\_\_

12. Has Applicant provided service under any other name?

☐ YES ☒ NO

If YES, please list. \_\_\_\_\_

13. Will the Applicant keep its books and records in Illinois?

☐ YES ☒ NO

If NO, permission pursuant to 83 Ill. Adm Code Part 250 needs to be requested.

Applicant will initially locate its principle business operations in Connecticut. Should Applicant be required to keep its books and records within the State of Illinois, a significant hardship would be imposed on the Applicant, resulting in a diversion of financial resources that otherwise could be utilized to increase network efficiency and serve offerings which would directly benefit consumers. Moreover, no public benefit would balance this private hardship, as the Applicant will readily provide any necessary information to the Commission on request. Therefore, Applicant requests that pursuant to 83 Ill. Adm Code Part 250, the Commission allow Applicant to continue to maintain its books and records in Connecticut.

#### MANAGERIAL

14. Please attach evidence of the applicant's managerial and technical resources and ability to provide service. This may be either in narrative form, resumes of key personnel, or a combination of these forms.

Attached as Exhibit C.

15. List officers of Applicant.

<u>Jess Dipasquale</u>	<u>President/CEO</u>
<u>Stuart Holden</u>	<u>Secretary</u>
<u>Mary O'Keeffe</u>	<u>CFO/Treasurer</u>
<u>Kay Cassidy</u>	<u>Vice President</u>

16. Does any officer of Applicant have an ownership or other interest in any other entity, which has provided or is currently providing telecommunications services?

☒ YES ☐ NO

If YES, list entity. Alliance Group Services Inc.

17. How will Applicant bill for its service(s)? (At a minimum, describe how often the Applicant will bill for service and details of the billing statement.)

**Applicant will invoice monthly.**

18. How does Applicant propose to handle service, billing, and repair complaints? (At a minimum, describe Applicant's internal process for complaint resolution, the complaint escalation process, the timeframe and process by which the customer is notified by Applicant that they may seek assistance from the Commission.)

**Customers may reach the customer service department by calling (203) 221-8700 and 1-800-756-2236. If the complaint is not resolved to the customer's satisfaction within the Company, the customer may call the Illinois Commerce Commission.**

19. Will personnel be available at Applicant's business office during regular working hours to respond to inquiries about service or billing?

☒ YES ☐ NO

20. What telephone number(s) would a customer use to contact your company?

**Customer Service: (203) 221-8700 or (800) 756-2236.**

21. Will Applicant abide by all Federal and State slamming and cramming laws pursuant to Section 13-902 of the Public Utilities Act and Section 258 of the 1996 Telecommunications Act?

☒ YES ☐ NO

22. Please describe applicant's procedures to prevent slamming and cramming of customers?

**Applicant confirms all orders to change long distance service in accordance with one of three verification processes established by the FCC.**

23. If granted authority to operate as a local exchange carrier, will the applicant abide by the following 83 Illinois Administrative Code Parts: 705, 710, 720, 725, 730, 732, 735, 755, 756, 757, 770, and 772?

☒ YES ☐ NO (If no, please provide an explanation.)

24. Is Applicant aware that it must file tariffs prior to providing service in Illinois?

☒ YES ☐ NO

## **FINANCIAL**

25. Please attach evidence of Applicant's financial fitness through the submission of its most current income statement and balance sheet, or other appropriate documentation of applicant's financial resources and ability to provide service.

**Attached as Exhibit D.**

**TECHNICAL**

26. Does Applicant utilize its own equipment and/or facilities?

☐ YES ☒ NO

If YES, please list the facilities Applicant intends to utilize. Also include evidence that Applicant possesses the necessary technical resources to deploy and maintain said facilities:

---

If NO, which facility provider's services does the Applicant intend to use?

AT&T

---

27. Please describe the nature of service to be provided (e.g., operator services, internet, debit cards, long distance service, data services, local service, prepaid local service).

Applicant will provide the resale of long distance.

---

28. Will technical personnel be available at all times to assist customers with service problems?

☐ YES ☒ NO

Applicant will be available during normal business hours to assist with customer service problems.

---

29. If Applicant intends to provide payphone service, will the equipment utilized comply with FCC requirements and Finding (9) of the Commission Order entered in Docket No. 84-0442 on June 11, 1986, including, but not limited to: (a) touch dialing; (b) access to 9-1-1 and "0" operator dialing without use of a coin; (c) rules governing use of payphones by disabled persons; (d) ability to complete local and long-distance calls; (e) unlimited duration for local calls; and (f) a message explaining the telephone's general operations, dialing instructions for emergency assistance, payphone owner's name, method of reporting service problems and method of receiving credit for faulty calls?

☐ YES ☐ NO

Not Applicable

---

Respectfully Submitted,

ALLIANCE GLOBAL NETWORKS LLC

Mary O'Keeffe  
Mary O'Keeffe, Treasurer

**VERIFICATION**

This application shall be verified under oath.

**OATH**

State of Connecticut )  
County of Fairfield ) ss

Mary O'Keeffe makes oath and says that she is Treasurer for ALLIANCE GLOBAL NETWORKS LLC that she has examined the foregoing application and that to the best of her knowledge, information, and belief, all statements of fact contained in the said application are true, and the said application is a correct statement of the business and affairs of the above-named applicant in respect to each and every matter set forth therein.

Mary O'Keeffe  
Mary O'Keeffe, Treasurer

Subscribed and sworn to before me, a Notary Public

in the State and County above named, this 16 day of Oct, 2008.

Stuart D Holden  
NOTARY PUBLIC: \_\_\_\_\_  
My Commission Expires: \_\_\_\_\_

**STUART D. HOLDEN**  
**NOTARY PUBLIC**  
MY COMMISSION EXPIRES MAR. 31, 2009

